

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000007097

1. Entity Name

THE SOLID ROCK FOUNDATION OF SOUTH FLORIDA INC.

FILED
Jul 14, 2000 8:00 am
Secretary of State

07-14-2000 90002 034 ****70.00

Principal Place of Business

19000 SW 112 AVENUE
MIAMI FL 33157
US

Mailing Address

19000 SW 112 AVENUE
MIAMI FL 33157
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1576475

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REV. RUFUS TROUP
19000 SW 112 AVENUE
MIAMI FL 33157

Name

JAME

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	TROUP, RUFUS	
STREET ADDRESS	19000 SW 112 AVENUE	
CITY-ST-ZIP	MIAMI FL 33152	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PICKFORD, BRUCE	
STREET ADDRESS	15320 SW 106 AVENUE	
CITY-ST-ZIP	MIAMI FL 33157-1413	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAYO, DERRICK	
STREET ADDRESS	17035 SW 107 COURT	
CITY-ST-ZIP	MIAMI FL 33157-1413	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	OFFICER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERESA TROUP	
STREET ADDRESS	14501 Monroe Street	
CITY-ST-ZIP	Miami, FL 33176	
TITLE	OFFICER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenneth L. Henderson	
STREET ADDRESS	1507 Argyle Dr. Apt #207	
CITY-ST-ZIP	Fl. Lauderdale, FL 33312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/00 (305) 238-9545

Date

Daytime Phone #

CR2E037 (5/00)